MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 11-336

(93-d)

CERTIFICATE OF DEATH

04318

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Delmar, Md

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Delmar, Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. R 7 D 3

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Fannie Catherine Adkins

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Thomas Adkins

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1867

8. **AGE:** Years: 71 Months: 6 Days: 5 If less than one day ____ hr. ____ min.

9. Birthplace Maryland, Wicomico Co.

(Town, county, and state)

10. Usual occupation Domestic wife

11. Industry or business Home

FATHER

12. Name Thomas Cullamy

13. Birthplace Maryland

MOTHER

14. Maiden Name Jane Benson

15. Birthplace Delaware

16 (a) Informant Mrs. B. F. Truitt

(b) Address Delmar Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem.

Location Salisbury, Md.

18 (a) Funeral director Will B. Morris

(b) Address Delmar, Del.

19 (a) 4-9-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death 4-4-1939, at 3:38 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939 to April 4 1939, and that I last saw him alive on April 2 1939.

	Duration
Immediate cause of death: Apoplexy	?
Due to: Senility	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. E. Lecates M. D. or other

Address Delmar Del Date signed 4/9/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72-a)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

04319

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury, R. D. 3.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 71 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury, R. D. 3.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near Ocean City Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Mary C. Adkins

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Josephus C. Adkins
6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1867

8. **AGE:** Years 71 | Months 7 | Days 17 | If less than one day ____hr. ____min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name William D. Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Dean
15. Birthplace Maryland

16 (a) Informant C. Gaylord Adkins,
(b) Address Salisbury, Md. R. D. 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/39 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director J. E. Hill & Johnson Co.
(b) Address Salisbury, Md.

19 (a) 4/19/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 17, 1939, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1939, to April 17, 1939, and that I last saw him alive on April 17, 1939.

Immediate cause of death	Duration
Coronary Thrombosis	March
Due to Mitral Stenosis	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles T. Brown M.D. (M. D. or other)
Address Salisbury Md. Date signed 4/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

Dr - Lynch

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 1336

04320

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town near Delmar (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution R.F.D. #2 Salisbury Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town near Delmar (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #2 Salisbury Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Frances Adkins

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Josiah Adkins

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) April 30 1865

8. AGE: Years 73 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Whitesville Del. (Town, county, and state)

10. Usual occupation Retired House wife

11. Industry or business at Home

FATHER
12. Name Joseph S. Calloway
13. Birthplace Whitesville Del.

MOTHER
14. Maiden Name Geethy A. Collins
15. Birthplace Laurel Del.

16 (a) Informant Grover C. Adkins
(b) Address R.F.D. #2 Salisbury Md.

17 (a) Bureau (Burial, cremation, or removal) (b) Date thereof Apr. 4 39 (month) (day) (year)
(c) Cemetery or crematory Adkins Farm Cem
Location R.F.D. #2 Salisbury Md.

18 (a) Funeral director Holloway & Co
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 4-3-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1939 at 1.35 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 24 1939, to Apr 2 1939, and that I last saw him alive on Apr 2 1939.

Immediate cause of death Pneumonia Lobar

Due to Chronic nephritis + myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Lynch M. D. or other
Address Delmar Md. Date signed Apr 3/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) (CB) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04321

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 ds.

(e) Length of stay in this community (yrs., mos., or days) 30 ds

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Penna (b) County

(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)

(d) Street No. 7579 So. 71st. St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Elizabeth Temple Parnell Bayley

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Victor A. Bayley

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1869.

8. AGE: Years 70 | Months 0 | Days 9 | If less than one day ✓ hr. ✓ min.

9. Birthplace Philadelphia, Penna. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name William D. F. Parnell

13. Birthplace Berlin, Md.

MOTHER 14. Maiden Name Mary Conrad

15. Birthplace Philadelphia, Pa

16 (a) Informant Mrs. Frances Parnell Blount

(b) Address 39 Linda Rd., Babylon, L.I.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/17/39 (month) (day) (year)

(c) Cemetery or crematory St Pauls, Berlin, Md.

Location Berlin, Md.

18 (a) Funeral director The Hill & Pleasanton Co.

(b) Address Salisbury, Md.

19 (a) 4/15/39 (Date rec'd by registrar) (b) Harriet E. Johnston Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 15, 1939, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1939, to 4/15 1939, and that I last saw him alive on 4/15 1939.

Immediate cause of death	Duration
Tumor of Pelvic Organs & Peritonitis	Unknown
Due to TB of carcinoma (Spinal cord away to uterus)	
Due to Primary carcinoma of uterus cured R.	
Other conditions contributing to death	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Uterus & pelvic organs bound with adhesions & growth of bladder & rectum not removed

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stephen R Mann M. D. or other

Address Salisbury Md Date signed 4/15/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-C)

Reg. Dist. No. 333

04322

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 409 E. Isabella street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. Isabella St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Olivia Blackwell

3 (b) If veteran, name war | (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ Asher J. Blackwell

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 23-1856

8. AGE: Years 82 | Months 7 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Norfolk Va. (Town, county, and state)

10. Usual occupation retired House wife

11. Industry or business at Home

FATHER
12. Name Andrew Jackson Busby
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Olivia Cuthrie
15. Birthplace Norfolk Va.

16 (a) Informant Mrs. Herman C. Johnson
(b) Address 409 E. Isabella St. Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3-39 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cem.
Location Temperanceville Va.

18 (a) Funeral director Holloway & Co.
(b) Address Walter K. Holloway Salisbury Md

19 (a) 4/3/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 - 1939, at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to 3-31-1939, and that I last saw her alive on 3-31 1939.

Immediate cause of death
(1) Hypostatic pneumonia — Duration 5 days
Due to Senility and impaired cardiac reserve
(2) Partial intestinal obstruction
Due to (3) Malignancy of colon (type unknown) — several months
Other conditions (4) Chronic myocardial insufficiency several yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Kiles, M. D. (M. D. or other)
Address Salisbury Date signed 4/1/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

04323

STATE OF MARYLAND—CERTIFICATE OF DEATH

(108)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 335

Village or City Sharptown, R.F.D.(out-side) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurrad 24 yrs. I mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Frances Brown, If U. S. Veteran, specify WAR

(a) Residence: No. Sharptown, R.F.D.Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 26" 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	I	9	

OCCUPATION

8. Trada, profession, or perticular kind of work done as SPINNER, SAWYER, BODKKEEPER, etc. None.

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date decaasad last worked at this occupation (month and year) never worked

11. Total tima (yaars) spent in this occupation Life

12. BIRTHPLACE (city or town) Wicomico Co. (State or country) Md.

FATHER

13. NAME Harvers M. Brown,

14. BIRTHPLACE (city or town) Wicomico Co. (Stata or country) Md.

MOTHER

15. MAIDEN NAME Elnora M. Pleasant,

16. BIRTHPLACE (city or town) (State or country) New Jersey.

17. INFORMANT Harvers M. Brown, (Address) Sharptown,Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Zion,Md Date Apr.8" 1939 near Sharptown,Md.

19. UNDERTAKER J. J. Framptom & Son. (Addrass) Federalsburg, Md.

20. FILED Apr 8, 1939 W R Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 5th. (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I ettended deceesed from Mar 26, 1939, to Apr 5, 1939

I last saw her elive on Apr 5, 1939; deeth is said to heve occurrad on tha data statad above, at 2-00-P.M.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance ware as follows:

	Date of onset
Lobar Pneumonia	3/25/39

Other Contributory Causes of Importanca:

Name of operation Dete of

What test confirmed diagnosis? Was there en autopsy?

23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:

Accidant, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of Injury

24. Wes disaase or injury in any way ralatad to occupation of deceased?

If so, specify

(Signad) H. S. Kuhlman M. D.

(Addrass) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(M)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 3 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 124-C

Reg. Dist. No. 333

04324

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. Tyaskin (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Roland Brown.

3 (b) If veteran, name war

3 (c) Social Security No. 212-16-7035

4. Sex male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elsie Brown.

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 12 1899

8. AGE: Years 39 Months 0 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Dorchester Co. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name James William Brown.
13. Birthplace Sharptown Md.

MOTHER
14. Maiden Name Lavina
15. Birthplace Dorchester Co.

16 (a) Informant Orgie Brown
(b) Address Jesterville Md

17 (a) Tyaskin (Burial, cremation, or removal) (b) Date thereof april 7 1939 (month) (day) (year)
(c) Cemetery or crematory Tyaskin M.E. Cem
Location M.E. Colored Church

18 (a) Funeral director Mrs. L.M. Messick & Sons
(b) Address Bivalve Md

19 (a) 4/6/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 4-3- 1939, at 4 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1939, to 4-3 1939, and that I last saw him alive on 4-3-1939.

Immediate cause of death Cirrhosis of liver - with

Due to Cholecystitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Allen Fields M. D. or other

Address Nanticoke, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 11336

04325

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Parsonburg, Md R.F.D. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yr. 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Parsonburg, Md R.F.D. 1 (If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. 1 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Theodore W. Budelman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Mary M. Weigand

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 26, 1861

8. AGE: Years 78 77 Months 8 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Jersey City, N.J. (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business

FATHER

12. Name Geo. A. Budelman

13. Birthplace Germany

MOTHER

14. Maiden Name Henrietta Schmidt

15. Birthplace Ohio

16 (a) Informant Mrs P. A. Young

(b) Address Parsonburg, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cypress Cem.

Location Brooklyn, N.Y.

18 (a) Funeral director Charles N. Maurel

(b) Address Salisbury, Md.

19 (a) 4-6-1939 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death 4-3- 1939, at 10:A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1939, to April 1939, and that I last saw him alive on April 4 1939.

Immediate cause of death Aortic Stenosis

Due to

Due to Diabetes Mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: About 3 yrs. About 5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles N. Brown M.D. M. D. or other

Address Salisbury Md Date signed 4/5/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Arteriosclerosis

RECEIVED
APR 10 1939
BUREAU V. [illegible]

STATE OF MARYLAND—CERTIFICATE OF DEATH

04326

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Inc. No. General Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chapler W. Clark If U. S. Veteran, specify WAR

(a) Residence: No. St. Martins St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Clark

6. DATE OF BIRTH (month, day, and year) aug 1, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Noah Clark

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannie Adkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Estelle Clark (Address) St. Martins

18. BURIAL, CREMATION, OR REMOVAL Place Pitts Creek Date Apr. 7, 1939

19. UNDERTAKER J. W. Burbage (Address) Berlin Md.

20. FILED 4/12, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 5th (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on tha date statad abova, at 1210 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importanca were as follows:

Gun Shot of Chest

Date of onset

Other **Contributory Causes** of Importance:

Name of operation Data of

What tast confirmed diagnosis? Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

~~Accident~~, suicide, or ~~homicide~~? Date of injury 4-5-, 1939

Where did injury occur? St martins Station (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. At Home

Manner of injury Gun shot

Nature of injury Hole in chest

24. Was disease or injury in any wey related to occupation of deceased? no

If so, specify

(Signed) Chas. B. [redacted] M. D.

(Address) Berlin Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OVER

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

RECEIVED
APR 28 1930
BUREAU V. S.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter under Harriet Johnson, recd 4/28/30 regarding date of filing.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

04327

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Shore TB. Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in this community (yrs., mos., or days) 2 mo

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Maryland (b) County Preston Caroline
(c) City or town Preston
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lawrence Atwood Cohee

3 (b) If veteran, name war —

3 (c) Social Security No. unknown

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 21, 1905

8. **AGE:** Years 33 | Months 11 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Preston, Caroline Co, Maryland
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Minus Cohee
13. Birthplace Preston Md.

MOTHER
14. Maiden Name Katie Robinson
15. Birthplace Vienna Md.

16 (a) Informant deceased on admission
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25 1939 (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery
Location near Williamsburg, Md.

18 (a) Funeral director A. J. Trammell & Son
(b) Address Federalsburg, Md.

19 (a) 4/22/39 (Date rec'd by registrar) (b) Harriet E. Johnston Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1939, at 9.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22/1939, to 4/21/1939, and that I last saw him alive on 4/21/1939.

	Duration
Immediate cause of death Pulmonary Tuberculosis	5 mo
Due to	
Due to	
Other conditions TB Laryngitis	3 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Cohee
M. D. or other
Address Salisbury Md. Date signed 4/24/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04328

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 111 Delaware Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in this community (yrs., mos., or days) 32 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Delaware Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Born in U.S.A. years

3 (a) **FULL NAME** Samuel B. Cottman

3 (b) If veteran, name war: No
3 (c) Social Security No.: No

4. Sex: Male
5. Color or race: A A
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Annie M. Cottman
6. (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.) 9-26-1882

8. AGE: Years 56 | Months 9 | Days 26 | If less than one day ____hr. ____min.

9. Birthplace Polks Road Md. R.F.D. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business No

FATHER
12. Name Arnold Cottman
13. Birthplace Polks Road, Somerset Co, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Annie M. Cottman
(b) Address 111 Delaware Ave, Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-'39 (month) (day) (year)
(c) Cemetery or crematory Houston Cemetery
Location Commerce St. Salisbury Md.

18 (a) Funeral director James F. Stewart
(b) Address 402 E. Church St. Salisbury Md.

19 (a) 4/7/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death April 5 1939, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1936, to 4-5 1939, and that I last saw him alive on 4-5 1939.

	Duration
Immediate cause of death Organic heart disease	3 yrs
Due to Mitral valvular disease	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. D. Browne M.D. (M. D. or other)
Address Salisbury Md Date signed 4-6-39

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04329

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 330

Village or City Mardela Springs R. F. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME W. Gardner Dashiell If U. S. Veteran, specify WAR

(a) Residence: No. Mardela Springs, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Nutter

6. DATE OF BIRTH (month, day, and year) 8/14/1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 11/38

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

FATHER

13. NAME William W. Dashiell

14. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

MOTHER

15. MAIDEN NAME Mary L. Dashiell

16. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

17. INFORMANT William W. Dashiell (Address) Mardela Springs, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mardela Springs Date 5/3/'39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED May 3, 1939 W. H. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 30, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to Apr. 30, 1939

I last saw him alive on Apr. 30th, 1939; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary	
Tuberculosis	?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Allaphon M. D.

(Address) Mardela, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 9 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (128)

Reg. Dist. No. 333

04330

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Worcester

(c) City or town Whaleyville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles William Davis

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name ~~of husband or~~ wife Orrie Boggs Davis

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1908

8. AGE: Years 31 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Whaleyville, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Harry J. Davis

13. Birthplace Whaleyville Md

MOTHER

14. Maiden Name Martha Phillips

15. Birthplace Wicomico Co.

16 (a) Informant Mrs. Beatrice Davis Williams

(b) Address Berlin, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-39 (month) (day) (year)

(c) Cemetery or crematory Whaleyville, Md.

Location

18 (a) Funeral director M. Pasha Watson

(b) Address Silbyville, Del.

19 (a) 4/21/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 23 1939, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1939, to April 21 1939, and that I last saw him alive on April 21 1939.

Immediate cause of death: Acute Pancreatitis — Duration: Unknown

Due to

Due to

Other conditions: Nil (Include pregnancy within 3 months of death)

Major findings:

Of operations: Acute Pancreatitis

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature R. M. [illegible] M. D. or other

Address Salisbury Date signed 4/21/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-B) Reg. Dist. No. 337 04331

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Tyaskin (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State ---- (b) County Wicomico
(c) City or town Tyaskin (If outside city or town limits, write RURAL and give town)
(d) Street No. ---- (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** George Washington Wainwright Dashiell

3 (b) If veteran, name war ----
3 (c) Social Security No. ----

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mary L. Dashiell

6. (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) April 19 1884

8. **AGE:** Years: 55 | Months: 11 | Days: 21 | If less than one day: ---- hr. ---- min.

9. Birthplace Tyaskin Md (Town, county, and state)
10. Usual occupation Oysterman
11. Industry or business Tonging oysters

FATHER
12. Name Frank Dashiell
13. Birthplace Tyaskin

MOTHER
14. Maiden Name Charlotte Jones
15. Birthplace Tyaskin

16 (a) Informant Charlotte Peters
(b) Address Tyaskin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 39 (month) (day) (year)
(c) Cemetery or crematory Tyaskin Methodist
Location Tyaskin Colony on R. F. Church

18 (a) Funeral director Asbury M. Dashiell Sr. Sons
(b) Address Tyaskin Md

19 (a) 4/10/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death April 9 1939, at 1-p M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1938, to April 7 1939, and that I last saw him alive on April 7 1939.

Immediate cause of death Carditis — Duration 6 mo
Due to ----
Due to ----
Other conditions ----
(Include pregnancy within 3 months of death)
Major findings:
Of operations ----
Of autopsy ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence ----
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ----
(e) Means of injury ----

23. **Signature** D Allen Dashiell M. D. or other
Address Nanticoke Md Date signed 4-11-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04332

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (WITHIN CORPORATE LIMITS OF) (137)

County Wicomico — Registration Dist. No. 333

Village or City Salisbury — No. General Hospital — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William D. Downey — If U. S. Veteran, specify WAR ...

(a) Residence: No. Berlin Md. St. ... Ward. ...

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Huckstman

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Downey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Thomas Elliott (Address) Ocean City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Berlin Md. Date Apr. 9, 1939

19. UNDERTAKER J. W. Bertrand (Address) Berlin Md.

20. FILED 4/10, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 8 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to April 8, 1939

I last saw him alive on April 8, 1939; death is said to have occurred on the date stated above, at 10.35 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	Unknown
Uremia	Unknown

Other Contributory Causes of importance:

Name of operation None — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) W. Lee Mack M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

04333

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 617 Park Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 40 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 617 Park Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Lottie Vickers Elliott

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife D. J. Elliott

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 13, 1867.

8. AGE: Years 76 Months 9 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Snow Hill, Worcester, Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name C. C. Vickers

13. Birthplace Maryland

MOTHER

14. Maiden Name Laura A. Nelson

15. Birthplace Maryland

16 (a) Informant Edward R. White,

(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1939. (month) (day) (year)

(c) Cemetery or crematory Parsons

Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 4/29/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 27, 1939, at 1:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Apr 27 1939 and that I last saw him alive on Apr 25 1939.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to Chro myocarditis	1937
Due to Chro Bronchitis	Jan 1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Kemmer M.D. (M. D. or other)

Address Salisbury Date signed Apr 29

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 5 1939
BUREAU V. S.

04334

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 335

Village or City Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie M. English If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome M. English

6. DATE OF BIRTH (month, day, and year) Feb 6 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Urias Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah A. Giles

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jerome M. English (Address) Sharptown Md

18. BURIAL, CREMATION, OR REMOVAL Place Firemans Date April 17, 1939

19. UNDERTAKER H. D. Gravenor & Bro (Address) Sharptown

20. FILED April 16, 1939 H. P. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1936, to 4/14, 1939; I last saw h-e alive on 4/14, 1939; death is said to have occurred on the date stated above, at 11-7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1936
Broncho Pneumonia	4/8/39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. K. Knotts M. D.

(Address) Federalsburg, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:-	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 9 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ds.
(e) Length of stay in this community (yrs., mos., or days) 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 West London Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Omega Hayden Foster

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frances Dixon Foster

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 13, 1865.

8. AGE: Years 73 Months 10 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Henderson, North Carolina (Town, county, and state)

10. Usual occupation Government Supervisor

11. Industry or business Farm Security

FATHER
12. Name Omega Hayden Foster
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Frances Jones
15. Birthplace North Carolina

16 (a) Informant Miss Ellen M. Gray
(b) Address Raymond Place,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/39 (month) (day) (year)
(c) Cemetery or crematory Hillside
Location Lynchburg, Va.

18 (a) Funeral director J. E. Mills & Johnson Co.
(b) Address Salisbury, Md.

19 (a) 4/28/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 27, 1939, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1939, to 4-27 1939, and that I last saw him alive on 4-27 1939.

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Gangrenous Appendicitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hillis A. Stanley M. D. or other
Address Salisbury, Md. Date signed 4-28-39

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 333

04336

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: John B. Parson's Home for the Aged

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-8-4

(e) Length of stay in this community (yrs., mos., or days) 3-8-4

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. Lemon Hill (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret E. Hancock

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Dewitt L. Hancock

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1860

8. AGE: Years 78 Months 8 Days 17 If less than one day — hr. — min.

9. Birthplace Pittsville, Wicomico, Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Rufus N. Parsons

13. Birthplace Maryland

MOTHER 14. Maiden Name Louisa Parsons

15. Birthplace Maryland

16 (a) Informant Supt' John B. Parsons Home

(b) Address Salisbury, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Odd Fellows Cem.

Location Laurel, Delaware

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 4/25/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April, 24, 1939, at 6:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1939, to Apr 24 1939, and that I last saw him alive on Apr 23 1939.

Immediate cause of death	Duration
Sclerotic Heart	1939
Due to Arteriosclerosis	1938
Due to C. Pr. Int Nephritis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. O. Daisey M. D. or other

Address Salisbury Md Date signed 4/10/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (75) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04337

VS. A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(d) Street No. Second Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Raymond L Hearn

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	a a	Single

6 (b) Name of husband or wife: no

6. (c) If alive, give age: no years (absent)

7. Birth date of deceased (mo., day, yr.) May 26-1899

8. AGE: Years	Months	Days	If less than one day
39	10	5	_____ hr. _____ min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER 12. Name John W. Hearn

FATHER 13. Birthplace Salisbury Md

MOTHER 14. Maiden Name Mary E. Le Quinn

MOTHER 15. Birthplace Pocomoke Md

16 (a) Informant Alfred H. Hearn

(b) Address Bridgeville Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/39 (month) (day) (year)

(c) Cemetery or crematory Hearston

Location Salisbury Md

18 (a) Funeral director Jarvis H. Stewart

(b) Address 402 E. Lemmon St Salisbury Md

19 (a) 4/6/39 (Date rec'd by registrar) (b) Barrett E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 1 1939, at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ✓ 19___, to ✓ 19___, and that I last saw him alive on 19___.

Immediate cause of death	Duration
Hypertension; fat	
Due to Drunk sometimes	
Due to Fell from tree found dead	
Other condition	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence April 1st 1939

(c) Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Street (Specify type of place) While at work? no

(e) Means of injury

23. Signature Wm. H. Hearn Jr. Attending Coroner
M. D. or other

Address Salisbury Md Date signed 4/4/39

RECEIVED
APR 22 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-7) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04338

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution Ken. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Delaware (b) County Sussex

(c) City or town Laurel Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Laurel R. F. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lillie M. Henry

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F. M.

5. Color or race White

6 (a) Single, ~~married~~, widowed, or divorced. Widowed

6 (b) Name of husband or wife Irwin S. Henry

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1873

8. AGE: Years 66 Months 2 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Sharpstown Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joasiah Bailey

13. Birthplace Md.

MOTHER 14. Maiden Name Unknown - ?

15. Birthplace ?

16 (a) Informant Harvey Henry

(b) Address Laurel Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/39 (month) (day) (year)

(c) Cemetery or crematory

Location Mt. Pleasant - Delaware

18 (a) Funeral director Riggin & Cooper

(b) Address Laurel Delaware

19 (a) 4/5/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 5 1939, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1939, to April 5 1939, and that I last saw him alive on April 5 1939.

Immediate cause of death Carcinoma of Pancreas Chronic Nephritis

Due to Uremia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Duration: Weeks / Mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature R. M. Wash M. D. or other

Address Salisbury Date signed 4/5/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121)

Reg. Dist. No. 333

04339

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Pen. Genl. Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Stockton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Rebecca Hudson.

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: F.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Preston W. Hudson.

6. (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) March 3-1909

8. AGE: Years 30 | Months 0 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Stockton Worcester Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William H. Houston
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen R. Besson
15. Birthplace Maryland

16 (a) Informant Preston W. Hudson
(b) Address Stockton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1939 (month) (day) (year)
(c) Cemetery or crematory Presby. Cem.
Location Stockton, Md.

18 (a) Funeral director Hearne & Dennis
(b) Address Snow Hill Md.

19 (a) 4/1/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1939, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1939, to April 1 1939, and that I last saw him alive on April 1 1939.

Immediate cause of death: Acute Appendicitis Perforated. — Duration: Unknown

Due to Peritonitis — Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence no

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature [signature] M. D. or other

Address Salisbury Date signed 4/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

46-C

04340

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 402 Walnut St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 402 Walnut St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Mary Virginia Johnson

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert S. Johnson

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1864

8. **AGE:** Years 74 | Months 6 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Cambridge, Dorchester, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Richard B. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Marian Littleton
15. Birthplace Maryland

16 (a) Informant Roland Johnson,
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.
(b) Address Salisbury, Md.

19 (a) 4/11/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 8, 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1939, to April 8, 1939, and that I last saw him alive on April 8, 1939.

Immediate cause of death Pulmonary Atelectasis.

Due to Bronchogenic Carcinoma Bronchogenic secondary.

Due to

Other conditions Primary Carcinoma of the transverse colon. Duration: nine months. (Include pregnancy within 3 months of death) C.W.B.R.

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John H. Yeamar M.D. M. D. or other

Address 221 1/2 Camden Ave Salisbury Date signed April 10, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 337

04341

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A Larmore

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex m

5. Color or race w

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Mary A Larmore

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 1844

8. AGE: Years 94 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Tyaskin Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Henry Larmore

13. Birthplace ?

MOTHER 14. Maiden Name Betsy Streat

15. Birthplace Bivalve, Md

16 (a) Informant Archie Larmore

(b) Address Tyaskin Md

17 (a) Tyaskin (Burial, cremation, or removal) (b) Date thereof April 11 39 (month) (day) (year)

(c) Cemetery or crematory Tyaskin M.E. Cem.

Location At Tyaskin M.E. Church

18 (a) Funeral director Mrs C.B. Meisick & Sons

(b) Address Bivalve Md

19 (a) 4/10/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death April 9 1939, at 9.15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 9, to the one, and that I last saw him alive on 19

Immediate cause of death Vessel only.

Due to Dizziny - apparently

Due to apoplexy.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D Allen Fields M. D. or other

Address Nanticoke Md Date signed 4-11-39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04342

1. PLACE OF DEATH (50)

County Wicomico Registration Dist. No. 333

Village of City Salisbury, Parsons No. Home for Aged St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora S. Zekiertts If U. S. Veteran, specify WAR

(a) Residence: No. Salisbury, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb. 1 - 1849

7. AGE: Years 90 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jessie J. Zekiertts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Sallie James Snow Hill.

18. BURIAL, CREMATION, OR REMOVAL Place M.E. Cem. Snow Hill Date April 12, 1939

19. UNDERTAKER (Address) Frame & Dennis Snow Hill, Md.

20. FILED 4/12, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Apr 10, 1939. I last saw her alive on Apr 10, 1939; death is said to have occurred on the date stated above, at 9-30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Dehlerstic Heart	1939

Other Contributory Causes of Importance:

Carcinoma of Breast -	37
Chr. Int. Nephr.	38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. O. Davey M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 5 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (130) Reg. Dist. No. 333

CERTIFICATE OF DEATH

X- 04343

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Girdletree, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Lula Merritt

3 (b) If veteran, name war: No

3 (c) Social Security No. No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mr Wm Merritt

6. (c) If alive, give age about 50 years

7. Birth date of deceased (mo., day, yr.) Sept 7 - 1896

8. AGE: Years 42 | Months 6 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Isaac Benjamin
13. Birthplace Maryland

MOTHER 14. Maiden Name Priscilla Pettit
15. Birthplace Maryland

16 (a) Informant Mrs Palmer Richardson
(b) Address Girdletree Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5 1939 (month) (day) (year)
(c) Cemetery or crematory M E Cem
Location Girdletree Md

18 (a) Funeral director Hearne & Downing
(b) Address Snow Hill Md

19 (a) 4/3/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 3d 1939, at 12-05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1939, to 4/3 1939, and that I last saw her alive on 4/3 1939.

Immediate cause of death	Duration
Uraemia	4 hours.
Due to nephritis	several days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas G Fisher MD
M. D. or other
Address Salisbury, Md Date signed 4/3, '39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 1/336

04344

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar, Md RFD
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Mae Mitchell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Otis Mitchell

6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1908

8. AGE: Years 30 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Shaftown, Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John W. Carey
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Mae Phillips
15. Birthplace Delaware

16 (a) Informant Otis Mitchell
(b) Address Delmar, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-39 (month) (day) (year)

(c) Cemetery or crematory M. P. Cem

Location Delmar, Del.

18 (a) Funeral director Will S. Marvel

(b) Address Delmar, Del.

19 (a) 4-21-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1939, to Apr. 17 1939, and that I last saw him alive on Apr. 16 1939.

Immediate cause of death Carcinoma of Sternum with Metastasis to Stomach

Due to

Due to

Other conditions Bronchial asthma & Coma (General asthenia)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Indefinite

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. H. Lynch
M. D. or other

Address Delmar Date signed Apr. 18/39

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04345

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82-a)

County Wicomico Registration Dist. No. 335

Village or City Sharptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Morris If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Morris

6. DATE OF BIRTH (month, day, and year) Oct. 13, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired R.R. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME James H. Morris

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Ellen Dickerson

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs. Bessie Morris (Address) Sharptown

18. BURIAL, CREMATION, OR REMOVAL Place Sharptown Date May 2, 1939

19. UNDERTAKER Grayson Bros (Address) Sharptown, Md

20. FILED Apr. 30, 1939 Wm. P. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 30 (Day) 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1939, to Apr 30, 1939

I last saw him alive on Apr 30, 1939; death is said to have occurred on the date stated above, at 2 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/29/39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Kuhlmann M. D.

(Address) Sharptown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 333

04346

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town R.F.D. #2 Eden Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Temple Hill Farm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Fitzgerald St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Paul Adam Neff

3 (b) If veteran, name war: World War

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances White Neff

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 7. 1894

8. AGE: Years 44 | Months 5 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Fremont City Ohio.
(Town, county, and state)

10. Usual occupation Retired Farmer Mgr

11. Industry or business Buick Motor Co. Flint Mich

FATHER
12. Name William Neff
13. Birthplace Fremont City Ohio.

MOTHER
14. Maiden Name Mary Alice Thompson
15. Birthplace Fort Wayne Indiana

16 (a) Informant Mrs. Frances White Neff
(b) Address 117 Fitzgerald St. Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1939 (month) (day) (year)
(c) Cemetery or crematory
Location Springfield Ohio

18 (a) Funeral director Holloway & Co
(b) Address Walter R. Holloway Salisbury Md

19 (a) 4/22/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1939, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1939, to 4-20 1939, and that I last saw him alive on 3-20 1939.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions Acute cardiac failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip A Insley M. D. or other
Address Salisbury, Md. Date signed 4-21-39

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MAY 5 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 337

04347

CERTIFICATE OF DEATH

(92-a)

1. PLACE OF DEATH:

(a) County Wicomico Nanticoke

(b) City or town Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Nanticoke
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Wesley T. Nutter

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ida Nutter

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. **AGE:** Years about 58 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Nanticoke
(Town, county, and state)

10. Usual occupation General Labor

11. Industry or business

FATHER
12. Name Wesley T. Nutter
13. Birthplace Nanticoke

MOTHER
14. Maiden Name Sarah Nutter
15. Birthplace Nanticoke

16 (a) Informant Chester Nutter
(b) Address Nanticoke

17 (a) burial (Burial, cremation, or removal) (b) Date thereof april 28 39 (month) (day) (year)

(c) Cemetery or crematory Nanticoke Pol. Cem

Location Near Jesters Store

18 (a) Funeral director Mrs. C. Messick & Sons

(b) Address Delaware Md

19 (a) 4/26/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death april 25 1939 at 5.30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15- 1939, to 4-25 1939, and that I last saw him alive on 4-25 1939.

Immediate cause of death	Duration
Organic heart disease	Unknown
Mitral	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. D. Browne, M.D.
M. D. or other

Address Salisbury, Md Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (34) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04348

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury R 2.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Lifetime

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury R 2.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Anderson road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Pauline Aretha Palmer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife 2/16/39

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/39

8. **AGE:** Years | Months 1 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Salisbury R 2.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name George Palmer.
13. Birthplace Exmore Va.

MOTHER
14. Maiden Name Sarah Curtis
15. Birthplace Mardella Md.

16 (a) Informant George Palmer
(b) Address Salisbury R 2.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/39 (month) (day) (year)
(c) Cemetery or crematory Mardela Cem.
Location Mardella, Md.

18 (a) Funeral director (acting) George B. Palmer
(b) Address Salisbury md R 2

19 (a) 4/13/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 13 1939, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. Dec. 1939 in attendance, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Baby was found dead in bed	
Due to Syphilis Congenital	life
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** S. H. Hearn M.D.
M. D. or other
Address County Registrar Date signed 4/13/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-29)

Reg. Dist. No. 332

04349

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Parsonsburg md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Parsonsburg md (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Sarah E Parker

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race a a

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Parker

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1848

8. AGE: Years 91 Months 1 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Pittsville md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business no

FATHER 12. Name John F Parker

13. Birthplace Powellville md

MOTHER 14. Maiden Name Anna Deshield

15. Birthplace Pittsville md

16 (a) Informant Mrs Jennie Parker

(b) Address Parsonsburg md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ (month) 17/ (day) 1939 (year)

(c) Cemetery or crematory Glasshill

Location Parsonsburg md

18 (a) Funeral director Jas H Stewart

(b) Address Salisbury md

19 (a) Apr. 16, 1939 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death 12 April 1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1939, to April 12 1939, and that I last saw him alive on April 12 1939.

Immediate cause of death Carcinoma of the rectum

Due to

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. D. Browne M. D. or other

Address Salisbury. Md. Date signed

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 157-d

Reg. Dist. No. 333

04350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Somerset

(c) City or town Oriole (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Parks, Baby girl.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1939.

8. AGE: Years | Months | Days 16. | If less than one day hr. min.

9. Birthplace Salisbury, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Elhanah Parks.
13. Birthplace Somerset Co.

MOTHER
14. Maiden Name Pauline Wilson
15. Birthplace Somerset Co.

16 (a) Informant Elhanah Parks.
(b) Address Oriole Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/39 (month) (day) (year)

(c) Cemetery or crematory Junior order of American Mechanics

Location Oriole, Md.

18 (a) Funeral director Dale Dashiell

(b) Address Princess Ame Md.

19 (a) 4/24/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 24 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1939, to 4-24 1939, and that I last saw him alive on 4-24 1939.

Immediate cause of death Blind Oesophagus & abnormal formation of Intestinal Duct

Duration: sweep visited

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: opening into stomach for feeding - all viscera abnormal

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hunter R Mann M. D. or other

Address Salisbury Date signed 4/24/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

04351

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P.G. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Nanticoke (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Perry

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Daisy Perry

6. (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Jan 16 1888

8. AGE: Years 51 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Nanticoke Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business for self

FATHER

12. Name George Perry

13. Birthplace Nanticoke

MOTHER

14. Maiden Name Georgania White

15. Birthplace Nanticoke

16 (a) Informant Daisy Perry

(b) Address Nanticoke, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 23 (month) (day) (year)

(c) Cemetery or crematory Nanticoke Md

Location Near Eastern Store

18 (a) Funeral director Mrs C.B. Messick & Sons

(b) Address Pivalve, Md.

19 (a) 4/21/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1939, at 1:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to April 20 1939, and that I last saw him alive on April 20 1939.

Immediate cause of death Lobar Pneumonia

Due to Empyema

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Empyema

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D Allen Field M.D. or other

Address Nanticoke Md Date signed 4-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (143) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04352

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Shad Point (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R.D. #1. Salisbury Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 29 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Shad Point (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. # Salisbury Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Daisey Belle Powell

3 (b) If veteran, name war

3 (c) Social Security No. 217-10-3875

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Otho Powell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4. 1910

8. AGE: Years 29 | Months 1 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Shaps Point Md. (Town, county, and state)

10. Usual occupation Operator

11. Industry or business Shirt Factory

FATHER
12. Name Elmer Townsend
13. Birthplace Shad Point Md.

MOTHER
14. Maiden Name Jennie Mills
15. Birthplace R.D. Salisbury Md.

16 (a) Informant Mrs Ivy Davis
(b) Address R.D. #1. Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4. 1939 (month) (day) (year)
(c) Cemetery or crematory Shad Point Cem.
Location Shad Point Md.

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 1/4/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 2 1939, at 10. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1939, to April 2 1939., and that I last saw him alive on April 2, 1939.

Immediate cause of death	Duration
Pulmonary embolism	
Due to	
Due to	
Other conditions miscarriage on April 1st, 1939. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Yeamer M. D. (M. D. or other)
Address 221½ Camden Ave Salisbury. Date signed

RECEIVED
MAY 5 1939
USDA U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 210-F

Reg. Dist. No. 333

04353

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Wicomico Co
(b) City or town near Salisbury Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Salisbury & Nanticoke Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 months

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico Co
(c) City or town Pittsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Martin Renshaw

3 (b) If veteran, name war World war

3 (c) Social Security No. 218-05-7293

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Susanna Renshaw

6. (c) If alive, give age Dec'd years

7. Birth date of deceased (mo., day, yr.) April 3. 1896

8. AGE: Years 43 | Months 0 | Days 5 | If less than one day ____hr. ____min.

9. Birthplace West Princess Anne Md
(Town, county, and state)

10. Usual occupation Helper

11. Industry or business at Lumber Mill

FATHER
12. Name William T. Renshaw
13. Birthplace Princess Anne Md

MOTHER
14. Maiden Name Lillie Barnett
15. Birthplace Princess Anne Md

16 (a) Informant Wm T. Renshaw
(b) Address Princess Anne Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11. 39 (month) (day) (year)
(c) Cemetery or crematory Bruce Family
Location Mt. Vernon, Md.

18 (a) Funeral director Dale Duckett
(b) Address Princess Anne Md

19 (a) 4/11/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 8 19 39 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death	Duration
Due to Crushed skull.	
Due to Falling off of Auto Truck	
Other conditions Wallace Salisbury	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Crushed skull

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 8th 1939
(c) Where did injury occur? Nanticoke Road, 3 Miles (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? No
(Specify type of place)
(e) Means of injury Auto

23. Signature Thomas A. Stansbury & Asbury Cooper M. D. or other
Address Salisbury, Md. Date signed 4/10/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04354

1. PLACE OF DEATH (50)

County Wicomico Registration Dist. No. 331

Village or City Hebron R. F. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frances L. Riggin If U. S. Veteran, specify WAR

(a) Residence: No. Mardela Springs R. 2 St., Ward. Laurel Delaware

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F. M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-27-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sales lady

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware (State or country)

FATHER

13. NAME Oscar Riggin

14. BIRTHPLACE (city or town) Delaware (State or country)

MOTHER

15. MAIDEN NAME Martha J. Wheatley

16. BIRTHPLACE (city or town) Delaware (State or country)

17. INFORMANT Warren Riggin (Address) Hebron Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bethel Del. Date 4-30, 1939

19. UNDERTAKER Riggin & Cooper (Address) Laurel Del.

20. FILED April 28, 1939 Mrs J. M. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 27th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1939, to April 27th, 1939

I last saw her alive on April 27th, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Emrich M. D.

(Address) Hebron - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04355

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 335

Village or City Near Sharptown, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred full life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smiley If U. S. Veteran, specify WAR

(a) Residence: No. Near Sharptown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): April 2, 1887

7. AGE: Years 52 | Months | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: day laborer

10. Date deceased last worked at this occupation (month and year): April 1938

11. Total time (years) spent in this occupation: full life

12. BIRTHPLACE (city or town) (State or country): Near Sharptown, Md.

FATHER

13. NAME: George Smiley

14. BIRTHPLACE (city or town) (State or country): Near Sharptown

MOTHER

15. MAIDEN NAME: Harriett Tilhman

16. BIRTHPLACE (city or town) (State or country): Eldorado, Md.

17. INFORMANT (Address): Harvey Smiley, Sharptown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Zion Cemetery Date: 4/28/, 1939

19. UNDERTAKER (Address): C. W. Adams, Federalsburg

20. FILED: Ap 27, 1939 H. R. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1939, to Apr 26, 1939

I last saw him alive on Apr 26, 1939; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Syphilis	(?)

Other Contributory Causes of Importance: Cerebral Hemorrhage 4/26/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Kuhlman M. D.

(Address) Sharptown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 3 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

04356

CERTIFICATE OF DEATH

1. PLACE OF DEATH: (If not in corporate limits so state)

(a) County Wicomico

(b) City or town Salisbury, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset County

(c) City or town Princess Anne
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 4-13 years

3 (a) **FULL NAME** Lucy Smith

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Wyatt Smith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1898

8. **AGE:** Years 40 | Months 11 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation No occupation

11. Industry or business

FATHER 12. Name Isaac Morris

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Susie D. Lewis

MOTHER 15. Birthplace Md.

16 (a) Informant Herbert Morris

(b) Address Princess Anne, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-39 (month) (day) (year)

(c) Cemetery or crematory Wesley Cemetery

Location Princess Anne

18 (a) Funeral director Wallace Funeral Home

(b) Address Princess Anne Md

19 (a) 4/10/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 10th 1939, at 3:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1939, to 4/10 1939, and that I last saw him alive on 4/9 1939.

Immediate cause of death	Duration
Septic pneumonitis;	3 weeks
Due to not tuberculous or epidemic. Surg.	
Due to Followed tooth extraction	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. G. Graham M.D.
M. D. or other

Address Salisbury Md. Date signed 4/10/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 330

CERTIFICATE OF DEATH

04357

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Mardela
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R.D. #1.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Mardela
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. #1.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank Marcrum Sommerkamp.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Willie C. Sommerkamp

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 30-1871

8. AGE: Years 67 Months 4 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Dadeville Alabama
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Grocery & Gasoline Station

FATHER
12. Name F. Julius Sommerkamp
13. Birthplace Alabama

MOTHER
14. Maiden Name Lucinda Marcrum
15. Birthplace Alabama

16 (a) Informant Mrs. Willie C. Sommerkamp
(b) Address R.D. #1. Mardela Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29 39 (month) (day) (year)
(c) Cemetery or crematory Parsons Cemetery
Location Salisbury Md.

18 (a) Funeral director Holloway & G.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) 4/28/38 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death April 27 1939, at 11.50 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1938, to 4/27 1939, and that I last saw him alive on Apr 27 1939

Immediate cause of death Coronary Occlusion — Duration 6 weeks

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Kuhlman M.D. (M. D. or other)
Address Sharpstown Md. Date signed 4/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 94B

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

04358

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days) 3 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Pocomoke City Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Frank L. Spide

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Georgie L. Spide

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 - 1882

8. **AGE:** Years 57 | Months 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Reddish Penn (Town, county, and state)

10. Usual occupation Fisherman

11. Industry or business

FATHER 12. Name Mikely Spide

13. Birthplace Penn

MOTHER 14. Maiden Name Georgie Pruitt

15. Birthplace Maryland

16 (a) Informant Milton Spide

(b) Address Pocomoke City

17 (a) Burial (Burial, cremation, or removal), (b) Date thereof April 29-1939 (month) (day) (year)

(c) Cemetery or crematory Emerald Cemetery

Location Pocomoke City Md.

18 (a) Funeral director Marguerette H. Watson

(b) Address Pocomoke City Md.

19 (a) 4/26/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939, to April 26 1939, and that I last saw him alive on April 24 1939.

	Duration
Immediate cause of death: Coronary Thrombosis	Instantaneous
Due to:	
Due to: Nursing Coronary	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Truitt M. D. or other

Address Salisbury Md Date signed April 26-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Tull

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 333

CERTIFICATE OF DEATH

04359

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Shad Point, Rural. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Shad Point, Rural. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Stillborn Townsend

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1939

8. **AGE:** Years | Months | Days | If less than one day hr. min.

9. Birthplace Shad Point, Maryland. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thomas Richardson.

13. Birthplace North Carolina.

MOTHER 14. Maiden Name Daisy Belle Townsend

15. Birthplace Md.

16 (a) Informant Mrs. Alda Townsend.

(b) Address Shad Point, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/2/39 (month) (day) (year)

(c) Cemetery or crematory Own property

Location

18 (a) Funeral director Father

(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

COPY SENT TO LOCAL REGISTRAR No. 222 DATE 5/27/39

MEDICAL CERTIFICATION

20. Date of death Apr. 2 19 39 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1939, to April 2, 1939, and that I last saw him alive on 19

Immediate cause of death	Duration
This was a stillborn of 6 months pregnancy.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

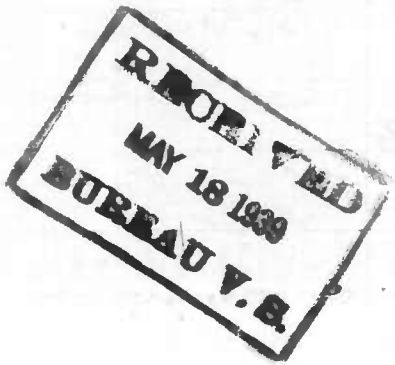
23. **Signature** Dr. John H. Yeamans M. D. or other

Address 221½ Camden Ave Salisbury, Md. Date signed 5/15/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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MAY 18 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

115-a

04360

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P.B. Hoyt.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 mo 13 da

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Siloam (If outside city or town limits, write RURAL and give town)

(d) Street No. Salisbury Md. R.F.D. #1 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Janet Marie Townsend

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 24. 1938

8. AGE: Years | Months 3 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Salisbury Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business None

FATHER

12. Name Russell W. Townsend

13. Birthplace Siloam Md.

MOTHER

14. Maiden Name Bernice Miller

15. Birthplace Egg Harbor City N. J.

16 (a) Informant Russell W. Townsend

(b) Address R.D. #1. Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1939 (month) (day) (year)

(c) Cemetery or crematory Siloam Cem.

Location Siloam Md.

18 (a) Funeral director Holloway & Co. Walter R. Holloway

(b) Address Salisbury Md.

19 (a) 4/10/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 7 1939 at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1939, to Apr 7 1939 and that I last saw him alive on Apr 7 1939.

Immediate cause of death Streptococcic S. Th. | Duration year days

Due to

Due to

Other conditions malnutrition (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Salisbury Md. Date signed Apr 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04361

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (940)

County Wicomico. Registration Dist. No. 332

Village or City Near Melsons Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Goldsbury Truitt If U. S. Veteran, specify WAR No

(a) Residence: No Pittsville Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Davis

6. DATE OF BIRTH (month, day, and year) July 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) April 15-1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Near Powellville (State or country) Md.

FATHER

13. NAME Myre Truitt.

14. BIRTHPLACE (city or town) Near Powellville (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza A. Truitt

16. BIRTHPLACE (city or town) Near Powellville (State or country) Md.

17. INFORMANT Rosie Truitt.

(Address) Pittsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date April 18, 1939

19. UNDERTAKER Wm. Howard Wells.

(Address) Pittsville Md.

20. FILED Apr. 17, 1939. Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to April 16, 1939

I last saw him alive on April 16, 1939; death is said to have occurred on the date stated above, at 6 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	April 16-1939
Other Contributory Causes of importance:	
Paralysis	1936 1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles M. Brown M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (45-E) Reg. Dist. No. 330

CERTIFICATE OF DEATH

04362

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Mardella Springs Rural & Athol (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Mardella Springs Athol (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Edna Bell Twilley
3 (b) If veteran, name war
3 (c) Social Security No.
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Stanford Twilley
6. (c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) Oct 11 1903
8. AGE: Years 35 Months 6 Days 16 If less than one day ____ hr. ____ min.
9. Birthplace Mardella Springs, Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Peter Graham
13. Birthplace Mardella Springs
MOTHER 14. Maiden Name Christia Majors
15. Birthplace Mardella Springs
16 (a) Informant Stanford Twilley
(b) Address Mardella Springs Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/39 (month) (day) (year)
(c) Cemetery or crematory Athol Baptist
Location Athol Baptist Church
18 (a) Funeral director Mrs. E. C. Megrath & Sons
(b) Address Salisbury, Md. per Megrath
19 (a) 4/27/39 (Date rec'd by registrar) (b) W. W. Horton Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939, at 7 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to Apr. 26 1939, and that I last saw him alive on Apr. 26 1939.

	Duration
Immediate cause of death Carcinoma (Cancer)	7
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. C. Megrath M. D. or other
Address Mardela, Md. Date signed 4/26/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (26)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

04363

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P. G. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Tyaskin (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rodney Waters

3 (b) If veteran, name war

5 (c) Social Security No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Angie Elsey

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1897

8. AGE: Years 41 Months ? Days ? If less than one day hr. min.

9. Birthplace Tyaskin Wicomico, Md (Town, county, and state)

10. Usual occupation Farm Labor

11. Industry or business

FATHER 12. Name David Waters

13. Birthplace Somerset County

MOTHER 14. Maiden Name Dora Gates

15. Birthplace Tyaskin Md

16 (a) Informant Nathan Waters

(b) Address

17 (a) New Town (Burial, cremation, or removal) (b) Date thereof April 26 1939 (month) (day) (year)

(c) Cemetery or crematory New Town Col Cem.

Location Near col. Church

18 (a) Funeral director Mrs C. Messick & Sons

(b) Address Bivalve Md

19 (a) 4/25/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 4-22 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 39 to April 22 1939, and that I last saw him alive on April 21 1939.

Immediate cause of death Exhaustion after cast was put on

Due to Potts disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S Allen Fields M. D. or other

Address Nanticoke, Md. Date signed

VS. A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (55-2)

Reg. Dist. No. 333

04364

CERTIFICATE OF DEATH

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County: Wicomico

(b) City or town: Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 17

(e) Length of stay in this community (yrs., mos., or days): 17

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Wicomico

(c) City or town: Fruitland (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Rebecca C. Williams

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex: Female

5. Color or race: A.A.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Williams

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): 5-14-1873

8. AGE: Years: 65 Months: 11 Days: 10 If less than one day: ____ hr. ____ min.

9. Birthplace: Salisbury, Wicomico Co., Md. (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER 12. Name: John H. Brewington

FATHER 13. Birthplace: Salisbury, Maryland

MOTHER 14. Maiden Name: Martha Games

MOTHER 15. Birthplace: Salisbury, Maryland

16 (a) Informant: Mrs. John Williams

16 (b) Address: Fruitland, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-'39 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~: Mt. Calvary

Location: Fruitland, Md.

18 (a) Funeral director: James F. Stewart

18 (b) Address: 402 E. Church St. Salis. Md.

19 (a) 4/27/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 24, 1939, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4. 1939, to Apr 24 1939, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Brain Tumor	1939?
Due to: Unknown	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** H. O. Daisey M. D. or other

Address Salisbury Date signed 4/26/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 186-a

Reg. Dist. No. H326

04365

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Parsonburg, Md R.F.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Parsonburg, Md R.F.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Percy Adolphus Young

3 (b) If veteran, name war World

3 (c) Social Security No. 220-09-1285

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie M. Young

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) April 4, 1891

8. AGE: Years 48 Months Days 25 If less than one day hr. min.

9. Birthplace Jamesport S. 2 N. Y.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John S. Young
13. Birthplace New York

MOTHER
14. Maiden Name Adith A. Frederick
15. Birthplace New York

16 (a) Informant Mrs. Marie M. Young
(b) Address Parsonburg, Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Parsonburg
Location Parsonburg, Md.

18 (a) Funeral director Charles W. Morrel
(b) Address Salisbury, Md.

19 (a) 5-4-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death April 29 1939, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1939, to April 29 1939, and that I last saw him alive on 4/29/1939.

Immediate cause of death Lobar Pneumonia

Duration 10 h.

Due to Fracture D. Helmes due to fall at Maryland Hospital

Due to Bathing Cardiff 2 days before death.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? yes

(e) Means of injury Fell in hole at log pens

23. Signature Charles N. Brown Jr. M.D.
M. D. or other

Address Salisbury Md Date signed 5/3/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1909
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